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Today’s Presentation

CPT Coding
Principles of CPT Coding and
CPT Code Changes for 2007

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Course Faculty

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ACCME Disclosure

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No conflicts were disclosed

Today’s Course

CPT Coding & 2007 Updates

• Organization of the CPT Materials
• Conventions, Guidelines & Modifiers
• E&M Codes
• Medical Examples
• Special Surgery Section
• 2007 Update Section
• Summary

Organization of CPT

• Introduction
• Sections & Guidelines
  – Evaluation & Management Services
  – Anesthesia
  – Surgery
  – Radiology
  – Pathology & Laboratory
  – Medicine
• Modifiers
• Additions and Deletions
• Clinical Examples
• Index
  – Instructions
  – Modifying Terms
  – Code ranges
  – Conventions
CPT Sections

- Section Numbers
  - E&M 99201 to 99499
  - Anesthesia 00100 to 01999, 99100 to 99140
  - Surgery 10040 to 69990
  - Radiology 70010 to 79999
  - Pathology & Laboratory 80049 to 89399
  - Medicine 90281 to 99199

Instructions

- Select the name of the procedure that most accurately identifies the service performed
- List additional services or procedures if performed
- Add any modifying or extenuating circumstances to the listed service or procedure
- Adequately document the service in the patient medical record
- Any procedure or service may be used by any qualified physician

Format of the Terminology

- The code number followed by a descriptor
  25100 Arthrotomy, wrist joint; for biopsy

- Shorthand convention (follows semi-colon)
  25105 For synovectomy
Unlisted Procedure or Services and Special Reports

- Not every service performed by a physician is listed in CPT. Therefore, a specific code within each section is to be used to identify the service.
  
  15999  Unlisted procedure, excision pressure ulcer

- All unlisted services and unusual services should be accompanied by a special report.

Code Symbols

Each year the book is updated and codes are added and deleted. Text may be revised as well.

- New procedures are identified with a “•”
- New descriptions of codes are identified with a “▲”
- New and revised text other than descriptions are identified with “▷ ◀”

Code Symbols

- Add-On codes are identified with a “+”
- Codes exempt from multiple procedure modifiers (-51) are identified with a “Θ”.
- They are not designated as “add-on” codes
- codes include conscious sedation
- Pending FDA approval
Using the Index

- Organized by main terms followed by up to three modifying terms
- There are four classes of main terms:
  - Procedure or service
  - Organ or anatomic site
  - Condition
  - Synonyms, eponyms and abbreviations

Classes of Main Terms

- Procedure or service
  - Angioplasty, catheterization or fetal testing
- Organ or anatomic site
  - Artery, Cerebrospinal fluid or knee joint
- Condition
  - Lesion, HIV or fracture
- Synonyms, eponyms and abbreviations
  - Anticoagulant & clotting inhibitors, Baker’s cyst, EEG

Conventions

- To save space some words are inferred from the meaning and are not listed in the index
  
  Example:

  Pancreas

  Anesthesia (for procedures on the pancreas)

  The words in parentheses are inferred
The index is not a substitute for the code listings in the main sections. Always refer to the main text to ensure the accuracy of the code selection and review relevant notes and descriptions.

Guidelines

- Each section of the main text is preceded with "Guidelines" to using the section.

Guidelines

- Guidelines contain information on:
  1. Classifications
  2. Definitions
  3. Unlisted services
  4. Special reports
  5. Use of clinical examples
  6. Typical modifiers
  7. Other important information
## Modifiers – Appendix A

- 21 Prolonged E&M Services
- 22 Unusual Procedural Service
- 23 Unusual Anesthesia
- 24 Unrelated E&M service during post-op period
- 25 Significant, separately identifiable E&M service by same physician on same day as other service or procedure
- 26 Professional component
- 32 Mandated service
- 47 Anesthesia by surgeon

## Modifiers – Appendix A

- 50 Bilateral procedure
- 51 Multiple procedure
- 52 Reduced services
- 53 Discontinued procedure
- 54 Surgical Care only
- 55 Postoperative management only
- 56 Preoperative management only
- 57 Decision for surgery
- 58 Staged procedure
- 59 Distinct procedural service (CCI Edits)

## Modifiers – Appendix A

- 62 Two surgeons
- 63 Procedures on infant<4kg
- 66 Surgical Team
- 76 Repeat procedure by same physician
- 77 Repeat procedure by another physician
- 78 Return to operating room for related procedure during post-op period
- 79 Unrelated procedure or service by the same physician during the post-op period
- 80 Assistant at surgery
- 81 Minimum assistant at surgery
- 82 Assistant at surgery (no qualified resident available)
Modifiers – Appendix A

- 90 Reference Lab
- 91 Repeat Clinical Diagnostic lab test
- 99 Multiple procedures

Evaluation & Management Codes

- Definitions
  - New and established patients
  - Chief complaint
  - Concurrent care
  - Counseling

Levels of E&M Services

- Determined by key components:
  - History
    - HPI, Past, family and Social History, ROS
  - Examination
    - Based on presenting problem and clinical judgment
  - Medical Decision Making
    - Based on the number of diagnoses, amount or complexity of data and risk associated with the presenting condition
Office or Other Outpatient Services 99201 - 99220

- New Patients 99201 – 99205
- Established Patients 99211 – 99215
- Hospital Observation Services 99217- 99220

Hospital Inpatient Services 99221 - 99239

- Initial Hospital Care 99221 – 99223
- Subsequent Hospital Care 99231 – 99233
- Observation or Inpatient Care (same day admit and discharge) 99234 – 99236
- Hospital Discharge Services 99238 - 99239

Consultations

- Advice or opinion requested by another physician
- May initiate diagnostic and therapeutic services
- Request must be documented in medical record
- Opinion or advice must be documented in medical record
- Must be communicated to referring physician in a written report
Two Categories of Consultations

1. Office
   - New and established patients
2. [Initial] now deleted Inpatient

Follow-up and confirmatory consultation codes were deleted in 2006

Emergency Department Services

- New and established patients
  99281 – 99285
- Physician directed emergency care
  99288
- Provided from an organized hospital based department designed for unscheduled patients presenting for immediate attention
- Must be available 24 hours a day

Critical Care Services

- Critical care is usually provided in a hospital critical care unit – but not always!
- Separate codes for adults (99291 and 99292), pediatrics (99293 and 99294) and neonates (99295 and 99296)
- 99291 is for 30 to 74 minutes and 99292 is for each additional 30 minutes

Note: Revisions were made in 2005
Critical Care Services

- Critical care includes interpretation of cardiac output measures, chest x-rays, blood gases and stored data
- Also includes gastric intubation, temporary transcutaneous pacing, ventilator management and vascular access procedures
- Other services should be listed separately
- If less than 30 minutes of time is spent on critical care all services should be listed separately
- Time spent in critical care is bedside and unit time only. Physician must be immediately available to patient

Immunizations & Vaccines

- Immunization Administration
  - For Vaccines and Toxoids 90471-90474
  - Listed in addition to material
- Vaccines and Toxoids
  - 90476 through 90748
  - 90749 - unlisted

Injections

- Therapeutic Infusions – a prolonged IV injection
  - Requires physician presence
  - 90780 for first hour and 90781 for additional hours
  - Excludes chemotherapy
  - These codes are deleted in 2006
Injections

- Therapeutic, Prophylactic or Diagnostic
  - 90782 for subcutaneous or intramuscular
  - 90783 Intra-arterial
  - 90784 Intravenous
  - 90788 IM injection of antibiotic
- These codes are deleted in 2006

Surgery

Surgical Guidelines

- Surgical Procedures include:
  - The operation itself
  - Local infiltration
  - Metacarpal/Digital Block or topical anesthesia
  - Normal, uncomplicated follow-up care
Surgical Guidelines

• Follow-Up care
  – Diagnostic procedures: recovery only
  – Therapeutic procedures: only that care that is usual to the surgery (time based)
  • Complications should be reported by use of the appropriate procedure.
  • For example: treatment of a post-operative wound infection

Surgical Guidelines

• Add-On Codes
  – Indicated by a “+”
  – List can be found in Appendix E
  – Usually describe additional work based on additional surgical sites
  – Example: multiple lesions

Surgical Guidelines

• Special Reports – pertinent information includes:
  – Complexity of symptoms
  – Final diagnosis
  – Pertinent physical findings
  – Diagnostic and therapeutic services
  – Concurrent care
  – Follow-up plan
Using The Surgical Sections

- Procedures are listed by physiologic systems
- Physiologic systems parallel surgical specializations
  - Example: Musculoskeletal system and orthopedics or Cardiovascular system and cardio-thoracic surgery
- Procedure listings are found in the Index

Using The Surgical Subsections

- Many sections have special notes and instructions
- Extremely important to review for each specialty
- A complete listing of all subsections is found in the Surgery Guidelines

Using The Surgical Subsections

Examples

- Repairs or closure – does not include adhesive strips
  - Defined as Simple, Intermediate and Complex
  - Wound size and shape should be recorded
  - Multiple wounds size is added together from the same anatomic area
  - The most complicated wounds are listed as primary and less complicated as secondary
  - Debridement is separate only under gross contamination
  - Involvement of nerves, blood vessels and tendons is included unless they are themselves complex
Using The Surgical Subsections

Examples

- Hernia Repairs
  - Categorized by type: inguinal, femoral, incisional, etc
  - Further categorized as initial or recurrent
  - Additionally may be accounted for as reducible versus strangulated
  - Use of mesh or other prostheses is not separately reported except for incisional hernia repair
  - The excision or repair of strangulated organs is separately reported in addition to the repair
  - All codes for bilateral repairs have been deleted. Use -51 modifier for second procedure

CPT Changes for 2007

- Appendix B lists the code changes for the current year
- Pay attention to:
  - New procedures are identified with a "●"
  - New descriptions of codes are identified with a "▲"
  - New and revised text other than descriptions are identified with "…text…"
  - "©" is used to indicate conscious sedation

Skin Replacement Surgery - Grafts

- New Codes:
  - 15000 and 15001 have been deleted
  - 15002 Surgical prep of recipient site first 100sq cm infants
  - 15003+ each additional 100 sq cm
  - 15004 adults initial 100 sq cm or 1%
  - 15005+ each additional 100 sq cm or 1%
  - Also new revised notes
CPT Changes for 2007

Skin Surgery - Flaps
- New Codes:
  - 15731 Forehead flap with preservation of vascular pedicle
- Other
  - 15830 Excision excessive skin and subcutaneous tissue; abdomen, infraumbilical
  - 15847+ with panniculectomy

Integumentary - Mohs
- New Codes:
  - 17304 – 17310 deleted
  - 17311 Mohs first stage up to 5 tissue blocks head, neck, hands, feet
  - 17312+ each additional stage up to 5 tissue blocks
  - 17313+ Mohs first stage up to 5 tissue blocks trunk, arms, legs
  - 17314+ each additional stage
  - 17315+ each additional block beyond 5 for any stage

Integumentary - Breast
- New Codes:
  - 19105 Excision – Ablation, cryosurgical, fibroadenoma, U/S guided, each
  - 19120 revised language excision of cyst
CPT Changes for 2007

Integumentary - Breast - Mastectomy
- New Codes:
  - 19300 for gynecomastia
  - 19301 partial (lumpectomy)
  - 19302 partial with axial lymphadenectomy
  - 19303 simple complete
  - 19304 subcutaneous
  - 19305 radical including pectoral muscles and axillary lymph nodes
  - 19306 radical inc above plus mammary lymph nodes
  - 19307 modified radical, with or without pectoralis minor but without pectoralis major muscle

Orthopedic - Spine
- New Codes:
  - 22526 Percutaneous intradiscal electrothermal annuoplasty
  - 22527+ each additional level
  - 22857 Total disc arthroplasty
  - 22862 Revision inc replacement of above
  - 22865 Removal of above

Orthopedic – Forearm, wrist
- New Codes:
  - 25109 Excision of tendon, forearm or wrist, each tendon
  - 25606 Percutaneous fixation distal radial fracture
  - 25607 Open treatment distal radial fracture with internal fixation
  - 25608 above with fixation of two fragments
  - 25609 above with fixation of 3 or more fragments
Orthopedic – Femur

New Codes:
- 27325 Excision; neurectomy, hamstring muscle
- 27326 neurectomy, popliteal

Foot and Toes
- 28005 neurectomy, intrinsic musculature of foot

Respiratory

New Codes:
- 32998 Ablation therapy for reduction of one or more pulmonary tumors inc pleura or chest wall, percutaneous, radiofrequency; unilateral

Surgery - Cardiovascular

New Codes:
- 33202 Insertion of epicardial electrodes; open
- 33203 above endoscopic
- 33265 Endoscopy, tissue ablation & reconstruction atri, limited
- 33266 above, extensive without cardiopulmonary bypass
CPT Changes for 2007

Surgery - Cardiovascular

New Codes:
- Septal defects
  - 33675 Closure of multiple ventricular septal defects
  - 33676 with pulmonary valvotomy
  - 33677 with removal of pulmonary artery band, with or without gusset
- Venous Anomalies
  - 33724 Repair isolated partial anomalous pulmonary venous return
  - 33726 Repair pulmonary venous stenosis

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CPT Changes for 2007

Surgery - Cardiovascular

New Codes:
- Thromboendarterectomy
- 35301 – revised language thromboendarterectomy, carotid, vertebral, subclavian, by neck incision
- 35302 superficial femoral artery
- 35303 popliteal artery
- 35304 tibioepiinguinal trunk artery
- 35305 tibial or peroneal artery, initial
- 35306+ each additional

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CPT Changes for 2007

Surgery - Cardiovascular

New Codes:
- Bypass Graft - vein
  - 35537 Bypass graft with vein, aortoiliac
  - 35538 aortobi-iliac
  - 35539 aortofemoral
  - 35540 aortobifemoral
  - Other than vein
  - 35637 aortoiliac
  - 35638 aortobi-iliac

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CPT Changes for 2007

Surgery - Cardiovascular

New Codes:
- Excision, Exploration, Repair, Revision
- 35883 Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; nonautogenous patch
- 35884 with autogenous vein patch graft

CPT Changes for 2007

Surgery – Digestive

New Codes:
- 43647 Laparoscopy, surgical, implantation or replacement of gastric neurostimulator electrodes, antrum
- 43648 Revision
- See extensive note changes
- 43881 open
- 43882 open revision

CPT Changes for 2007

Surgery – Digestive

New Codes:
- 44157 Colectomy, total, abdominal, with protectomy; with ileoanal anastomosis
- 44158 with ileoanal anastomosis, with creation of ileal reservoir
- 48548 Pancreaticojejunostomy, side to side anastomosis (Puestow Type)
- 49324 Laparoscopy with insertion of intraperitoneal cannula, permanent
- 49325 revision
- 49326+ with omentopexy
- 49402 Removal of peritoneal foreign body
- 49435+ insertion of subcu extension to intraperitoneal cannula
- 49436 Delayed creation of exit site from embedded subcu cannula
CPT Changes for 2007

Surgery – Urology – Male

New Codes:
- 54865 Exploration of epididymis, with or without biopsy
- 55875 Transperineal placement of needles or catheters into prostate for radioelement application, with or without cystoscopy
- 55876 Placement of interstitial device for radiation therapy guidance, prostate, single or multiple

Surgery – Female Genital System

New Codes:
- 56442 Hymenotomy, simple incision
- 57296 Revision prosthetic vaginal graft, open abdominal approach
- 57558 D&C of cervical stump

Surgery – Female Genital System

New Codes:
- 58541 Laparoscopy, supracervical hysterectomy, for uterus 250 g or less
- 58542 with removal of tubes/ovaries
- 58543 Laparoscopy, > 250 g
- 58544 with removal of tubes/ovaries
- 58548 Laparoscopy, with radical hysterectomy, with total bilateral pelvic lymphadenectomy and para-aortic lymph node sampling, with removal of tubes/ovaries
CPT Changes for 2007

- Surgery – Female Genital System
- New Codes:
  - 58957 Resection of recurrent ovarian, tubal, primary peritoneal uterine malignancy, with omenectomy
  - 58958 with pelvic lymphadenectomy and limited para-aortic lymphadenectomy

CPT Changes for 2007

- Surgery – Nervous system
- New Codes:
  - 64910 Nerve repair; with synthetic conduit or vein allograft, each nerve
  - 64911 with autogenous vein graft, includes harvest, each nerve

CPT Changes for 2007

- Medicine New Codes: Ventilator management
  - 94002 Ventilation assist and management initial day
  - 94003 subsequent day
  - 94004 nursing facility, each day
  - 94005 Home ventilatory care plan oversight, within a calendar month, 30 min or more
### CPT Changes for 2007

- **Medicine New Codes: Pulmonary**
  - 94610 Intrapulmonary surfactant by physician through endotracheal tube
  - 94644 Continuous inhalation treatment, 1st hour
  - 94645+ each additional hour
  - 94774 Pediatric home apnea monitoring event recording per 30 day period of time
  - 94775 monitor attachment only
  - 94776 monitoring only
  - 94777 physician review, interpretation and report only

- **Medicine New Codes: other**
  - Allergy – 95012 Nitric oxide expired gas determination
  - Genetics – 96040 Genetics and counseling, each 30 minutes
  - Special Dermatology 96904 Whole body photography for monitoring high risk patients with dysplastic nevus syndrome

### The Goal of Accurate Coding

- Report the codes accurately the very first time
- Have adequate documentation of the need for the service
- Have adequate documentation of exactly what was done
- Have adequate documentation of extenuating circumstances and related services
Thank you for participating in this seminar presentation from Economedix!

Please direct questions to ...
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